
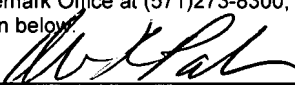
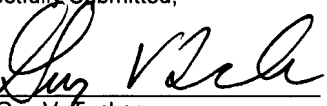


# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Patton et al  Application No: 10/693,318 Confirmation No: 8226  Filed: October 24, 2003  Title: METHOD AND DEVICE FOR DELIVERING AEROSOLIZED MEDICAMENTS	
Group Art Unit: 3771  Examiner: Matter, Kristen Clarette  Attorney Docket No: NK.0001.13  October 31, 2007 San Francisco, California	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  <b>Papers Enclosed</b>  <input checked="" type="checkbox"/> <b>Amendment</b> <input checked="" type="checkbox"/> <b>Request for Continued Examination (RCE)</b> <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<b>Extension of Time</b> <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <td></td> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$460.00</td> <td style="text-align: center;">\$230.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,050.00</td> <td style="text-align: center;">\$525.00</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Total \$ 0.00</b></td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$460.00	\$230.00	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00	<b>Total \$ 0.00</b>		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
<input type="checkbox"/> One Month	\$120.00	\$60.00																	
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<input type="checkbox"/> Three Months	\$1,050.00	\$525.00																	
<b>Total \$ 0.00</b>																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	38	24	14	\$50.00	\$25.00	\$700.00
Independent Claims	4	3	1	\$210.00	\$105.00	\$210.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$910.00</b>

<b>Fee Payment</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Fee for added claims</td> <td style="text-align: right;">\$910.00</td> </tr> <tr> <td>Fee for RCE</td> <td style="text-align: right;">\$810.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$1720.00</b></td> </tr> </table>	Fee for added claims	\$910.00	Fee for RCE	\$810.00	<b>Total</b>	<b>\$1720.00</b>	<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .  Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street Suite 106 San Francisco, CA 94107
Fee for added claims	\$910.00						
Fee for RCE	\$810.00						
<b>Total</b>	<b>\$1720.00</b>						
<input checked="" type="checkbox"/> <b>Attached is check no. <u>2770</u> in the sum of <b>\$1720.00</b>.</b> <input type="checkbox"/> Please charge Deposit Account No. _____ in the sum of \$ _____. <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically filed, on the date shown below:  By:  Date: <u>October 31, 2007</u> Alison R. Parker	Respectfully Submitted,   By: <u>Guy V. Tucker</u> Date: <u>October 31, 2007</u> Guy V. Tucker Registration No. 45,302						